Glasgow-supported self-management for patients with COPD

Supported self-management schemes have proven to be of benefit in some chronic conditions. This randomised control trial was aimed to determine if self-management could help reduce hospital readmissions in a population of patients discharged from hospital after an exacerbation of chronic obstructive pulmonary disease (COPD). The primary outcome measured was the time to first hospital readmission with exacerbation or death due to COPD over a 12-month follow-up. Secondary end-points were based on health-related quality-of-life tools including: change from baseline at 6 and 12 months in the St George’s respiratory questionnaire, hospital anxiety and depression scale, COPD self-efficacy scale and EuroQol 5D. Subgroup analysis was made of the primary outcomes between groups characterised by baseline demographic features.

Of 995 patients identified, 464 were randomised to the intervention group or control, characterised by age, sex, per cent predicted forced expiratory volume at one second, recent pulmonary rehabilitation, smoking status, deprivation status and previous COPD admissions. For the primary outcome, no difference was found between the two groups, and due to poor compliance with return of questionnaires, no values could be placed on secondary outcomes. Subgroup analysis did not identify any correlation between baseline demographics and primary outcomes. Analysis of the intervention group showed that younger patients, and those not living alone, responded better to self-management resulting in a statistically significant reduction in hospital readmission.

This study benefited from a robust design and large patient cohort; however, low patient uptake and subsequent poor return of the questionnaires limited its interpretation. Though it demonstrates that self-management among the general COPD population is of limited value, it does raise the possibility that with careful patient identification it may have merit.


Morven E M Wilkie

Correspondence to Dr Morven E M Wilkie, ST3, Department of Respiratory Medicine, Ninewells Hospital and Medical School, Dundee DD1 9SY, UK; morvenwilkie@nhs.net

Published Online First 18 May 2012
Thorax 2012;67:992. doi:10.1136/thoraxjnl-2012-202053